

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	R H		
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	L I	1106	8/3/01
RESPONSE FORMALITY REVIEW			

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
- (Through numeral)...	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim	Date
Final	
Original	
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If more than 150 claims or 10 actions  
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8/27  
8-3-01